

April 28, 2017

Ex. 6 PP / Ex. 7(C)

Dear Ex.8 PP/Ex.7(0)

This letter confirms that your employment with SoloPower Systems, Inc. is terminated as of April 28th, 2017 due to a need for reduction in workforce. All company provided benefits ends as of the date of your separation unless otherwise specified in this letter.

Final Pay

Your final paycheck will include your hours worked through your last day of employment and your remaining balance of accrued PTO as of your separation date up to 80 hours.

Company-Provided Medical, Vision, and Dental Benefits

Your group medical, vision and dental coverage will stop at the end of the month in which you separate employment. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your dependents may be eligible to continue medical and/or dental coverage generally for a period of up to 18 months at your own expense. You will receive additional information in the mail regarding COBRA, including how to sign up for COBRA coverage, in the next two weeks. If you do not receive this information, please contact Get Benefits at 503-626-9135.

You will have 60 days from the date of receipt of your COBRA packet to enroll in COBRA coverage. You will be required to pay the premiums plus an additional 2% administrative fee during the months you continue coverage. You must maintain a consistent, timely payment of insurance premiums for coverage to continue.

Due to the nature of SoloPower's current condition, COBRA coverage cannot be guaranteed. The benefit plans will run through 4/30/17 or further. We do not currently have a set send date for these benefit plans. If you choose to elect COBRA coverage, be advised that the plan may not exist or will only be in place for short time. Due to this, you will be eligible to enroll in a Healthcare Exchange plan. More information about COBRA and coverage options will come to you via mail from the COBRA administrator.

Employees with Health Savings Accounts (HSA) through HealthEquity

If you elected for an HSA, please contact HealthEquity at 1-866-382-3510 for more information regarding any balances in your Health Savings Account. You may also visit the website: http://learn.healthequity.com/qme/ for a list of eligible expenses you may use any remaining balances on.

Life Insurance/Accidental Death & Dismemberment (AD&D) Insurance/ Short Term Disability (STD), Long Term Disability (LTD)

Coverage under these policies end on the last day of the month on the last day of the month in which you separate from SoloPower. Continuation coverage may be available for these policies through portability and conversion options. For additional information, contact Lincoln Financial Group, Policy No. 000010208912; Customer Service: call 800-423-2765 (Reference ID SOLOPWR) or visit www.lincolnfinancial.com



Return	of	Com	pany	Pro	perty	1
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equipment, files, docume	equipment and property. T nts and other property belo	nging to SoloPower. A		
coordinated with	Ex. 6 PP / Ex. 7(C)			
Employee's Proprietary II	nformation and Inventions	Agreement		
As you move on from Solo	Power, please remember th	nat you signed an Em	ployee's Proprieta	ry Information
•	ent that prevents you at any ou obtained while working a		-	
Inventions Agreement, pl	ease contact Ex. 6	PP / Ex. 7(C)		
Updated Contact Informa	ition			
	has your updated contact in d W-2 form. You can submit		-	•
We wish you luck in your	future endeavors. If you hav	ve any questions rega	rding anything discu	ssed in this letter,
you may contact	Ex.	6 PP / Ex. 7(C)		
Sincerely,				

Ex. 6 PP / Ex. 7(C)
HR Business Partner